



Hospital Fiscal Report  
State Form 49520 (R2 /7-02)  
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: LOGANSPORT MEMORIAL HOSPITAL

City of Hospital: Logansport, IN

Year Begin: 01/01/2021 (mm/dd/yyyy format)

Year End: 12/31/2021 (mm/dd/yyyy format)

Person Completing the Report: Heather Wheeler

Email Address: hwheeler@logansportmemorial.org

Medicare Provider Number: 15-0072

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$52970869
Outpatient Patient Service Revenue	\$210776541
Total Gross Patient Service Revenue	\$263747410

2. Deductions From Revenue

Contractual Allowance	\$152344272
Other Deductions	\$1993259
Total Deductions	\$154337531

3. Total Operating Revenue

Net Patient Service Revenue	\$109409880
Other Operating Revenue	\$2527107
Total Operating Revenue	\$111936987

4. Operating Expenses

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Salaries and Wages	\$42055206	Employee Benefits	\$12826918
Depreciation and Amortization	\$4053136	Interest Expense	\$639326
Bad Debt	\$9639784	Other Expenses	\$47870290
Total Operating Expenses	\$117084660		

#### 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-5147673	Total Assets	\$123289651
Net Non-operating Gains over Loss	\$520898	Total Liabilities	\$55007501
Total Net Gains	\$-4626775		

#### Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$112100188	\$78431953	\$33668235
Medicaid	\$56969651	\$35493184	\$21476467
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$94677572	\$40412394	\$54265178
Total	\$263747411	\$154337531	\$109409880

#### Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$953734	\$-953734

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$184464	\$-184464
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$43222	\$-43222

Number of Medical Professionals Trained	203
Number of Hospital Patients Educated	115306
Number of Citizens Exposed to Health Education Messages	15000

Statement Six: Charity Statement

Hospital Charity Charges	\$1993259
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$672924	
HCI Payments	\$0		
Subtotal	\$0	\$672924	\$-672924
Medicaid Shortfalls	\$18738106	\$19231901	
Subtotal	\$18738106	\$19904825	\$-1166719
DSH Payments	\$1,677,737		

	Subtotal	\$20415843	\$19904825	\$511018
Medicare Shortfalls		\$33473851	\$37847116	
Other Government Programs		\$0	\$0	
	Total	\$53889694	\$57751941	\$-3862247

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$596129	\$-596129
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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